

#### General

#### **Title**

Management of labor: percentage of patients with protracted labor who are administered oxytocin.

## Source(s)

Creedon D, Akkerman D, Atwood L, Bates L, Harper C, Levin A, McCall C, Peterson D, Rose C, Setterlund L, Walkes B, Wingeier R. Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Mar. 66 p. [113 references]

#### Measure Domain

#### Primary Measure Domain

Clinical Quality Measures: Process

## Secondary Measure Domain

Does not apply to this measure

## **Brief Abstract**

## Description

This measure is used to assess the percentage of patients with protracted labor who are administered oxytocin.

#### Rationale

The priority aim addressed by this measure is to increase the percentage of patients who have procedures that assist in progress to vaginal birth.

If the patient in Stage I labor is not making progress, management of protraction disorders will include evaluating the potential causes and directing management appropriately.

#### Evidence for Rationale

Creedon D, Akkerman D, Atwood L, Bates L, Harper C, Levin A, McCall C, Peterson D, Rose C, Setterlund L, Walkes B, Wingeier R. Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Mar. 66 p. [113 references]

Frigoletto FD Jr, Lieberman E, Lang JM, Cohen A, Barss V, Ringer S, Datta S. A clinical trial of active management of labor. N Engl J Med. 1995 Sep 21;333(12):745-50. PubMed

Lopez-Zeno JA, Peaceman AM, Adashek JA, Socol ML. A controlled trial of a program for the active management of labor. N Engl J Med. 1992 Feb 13;326(7):450-4. PubMed

Sadler LC, Davison T, McCowan LM. A randomised controlled trial and meta-analysis of active management of labour. BJOG. 2000 Jul;107(7):909-15. PubMed

#### Primary Health Components

Pregnancy; protracted labor; oxytocin augmentation

#### **Denominator Description**

Number of patients as described in the population definition who are in protracted labor (see the related "Denominator Inclusions/Exclusions" field)

#### **Numerator Description**

Number of patients who were given oxytocin

# **Evidence Supporting the Measure**

## Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

## Additional Information Supporting Need for the Measure

Unspecified

## **Extent of Measure Testing**

Unspecified

## National Guideline Clearinghouse Link

Management of labor.

## State of Use of the Measure

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Current routine use

#### **Current Use**

not defined yet

# Application of the Measure in its Current Use

#### Measurement Setting

Hospital Inpatient

## Professionals Involved in Delivery of Health Services

not defined yet

#### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

#### Statement of Acceptable Minimum Sample Size

Unspecified

# Target Population Age

Unspecified

## Target Population Gender

Female (only)

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

# National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

#### IOM Care Need

Getting Better

#### **IOM Domain**

Effectiveness

#### Data Collection for the Measure

#### Case Finding Period

The time frame pertaining to data collection is monthly.

#### **Denominator Sampling Frame**

Patients associated with provider

#### Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

#### **Denominator Time Window**

not defined yet

## Denominator Inclusions/Exclusions

Inclusions

Number of patients as described in the population definition who are in protracted labor\*

Population Definition: All women giving birth who are:

Full term (37 completed weeks)
Without concomitant medical problems
Having contractions
Singleton fetus
Cephalic presentation
No evidence of fetal distress
Expected to have a normal spontaneous vaginal delivery

\*Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline Management of Labor \_\_\_\_\_\_\_.

#### Exclusions/Exceptions

not defined yet

#### Numerator Inclusions/Exclusions

Inclusions

Number of patients who were given oxytocin

Exclusions

Unspecified

#### Numerator Search Strategy

Institutionalization

#### **Data Source**

Electronic health/medical record

## Type of Health State

Does not apply to this measure

#### Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

# Scoring

Rate/Proportion

# Interpretation of Score

Desired value is a higher score

# Allowance for Patient or Population Factors

not defined yet

#### Standard of Comparison

not defined yet

# **Identifying Information**

#### **Original Title**

Percentage of patients with protracted labor who are administered oxytocin.

#### Measure Collection Name

Management of Labor

#### Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

#### Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

## Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

## Composition of the Group that Developed the Measure

Work Group Members: Douglas Creedon, MD (Work Group Leader) (Mayo Clinic) (OB/Gyn); Deb Peterson, MD (Affiliated Community Medical Center) (Family Medicine); Lesley Atwood, MD (Allina Medical Clinic) (Family Medicine); Ruth Wingeier, CNM (Central Minnesota Midwifery) (Nurse Midwife); Cherida McCall, CNM (HealthPartners Medical Group and Regions Hospital) (Nurse Midwife); Lori Bates, MD (Mayo Clinic) (Family Medicine); Carl Rose, MD (Mayo Clinic) (Maternal-Fetal Medicine); Becky Walkes, RN (Mayo Clinic) (Nursing); Dale Akkerman, MD (Park Nicollet Health Services) (OB/Gyn); Anna Levin, CNM (Park Nicollet Health Services) (Nurse Midwife); Cindy Harper (Institute for Clinical Systems Improvement) (Systems Improvement) (Clinical Systems Improvement Facilitator)

## Financial Disclosures/Other Potential Conflicts of Interest

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Clinical Practice Guidelines We Can Trust (2011).

Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

The complete ICSI policy regarding Conflicts of Interest is available at the ICSI Web site

Disclosure of Potential Conflicts of Interest

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OB/GYN Physician, Park Nicollet Health Services

National, Regional, Local Committee Affiliations: None Guideline Related Activities: State Guideline for Prenatal

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Family Medicine Physician, Allina Medical Clinic

National, Regional, Local Committee Affiliations: Allina Pregnancy Care Council

Guideline Related Activities: VBAC guideline task force AAFP

Research Grants: None

Financial/Non-Financial Conflicts of Interest: Expert Testimony for LEEP case

Lori Bates, MD (Work Group Member)

Family Medicine Physician, Mayo Clinic

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Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities:

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: None

Research Grants: Sequenom; Cell-free fetal DNA in maternal circulation to detect fetal aneuploidy

(concluded 7/29/11)

Financial/Non-Financial Conflicts of Interest: None

Ruth Wingeier, CNM (Work Group Member)

Clinical Nurse Midwife, Central Minnesota Midwifery National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

#### Adaptation

This measure was not adapted from another source.

#### Date of Most Current Version in NQMC

2013 Mar

#### Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

## Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

#### Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 May. 61 p.

The measure developer reaffirmed the currency of this measure in January 2016.

## Measure Availability

Source available for purc	hase from the Institute for Clinical Systems Improvement (ICSI) Web site
	. Also available to ICSI members for free at the ICSI Web site
	and to Minnesota health care organizations free by request at the ICSI Web site

For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; Phone: 952-814-7060; Fax: 952-858-9675; Web site: www.icsi.org ; E-mail:

#### **NQMC Status**

This NQMC summary was completed by ECRI on July 16, 2004.

This NQMC summary was updated by ECRI Institute on December 23, 2004, May 29, 2007, December 4, 2009, August 10, 2012, and again on August 30, 2013.

The information was reaffirmed by the measure developer on January 13, 2016.

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#### **Production**

## Source(s)

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